



Government of **Western Australia**
North Metropolitan Health Service
Mental Health, Public Health and Dental Services



Health Promotion Service Plan **2025-2027**

Improving the health
of our population

nmhs.health.wa.gov.au



Acknowledgement of Country

North Metropolitan Health Service (NMHS) acknowledges the Noongar people as the traditional owners and custodians of the land on which we work, and pays respect to their elders both past and present. NMHS acknowledges that the business of the Health Promotion Service is conducted on Whadjuk Noongar Boodjar. NMHS recognises, respects, and values Aboriginal and Torres Strait Islander cultures as we walk a new path together.

Recognition of lived experience

NMHS acknowledges the individual and collective expertise of those with a living or lived experience across the health focus areas our Health Promotion Service works in. We recognise their vital contribution at all levels and value the courage of those who share their unique perspective for the purpose of learning and growing together to achieve better outcomes for all.



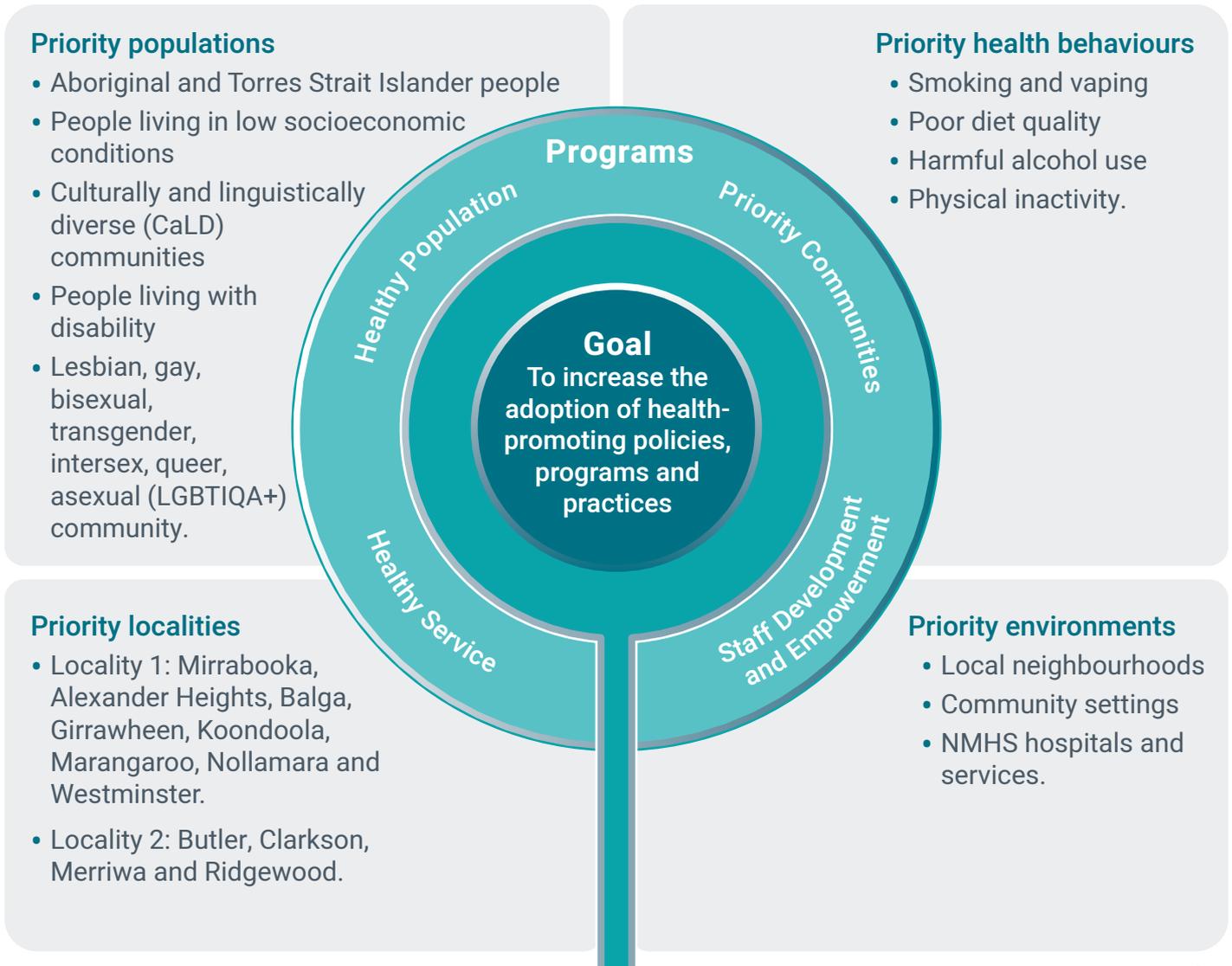


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Health Promotion Service Plan 2025-2027: Summary

Improving the health of our population



Objectives

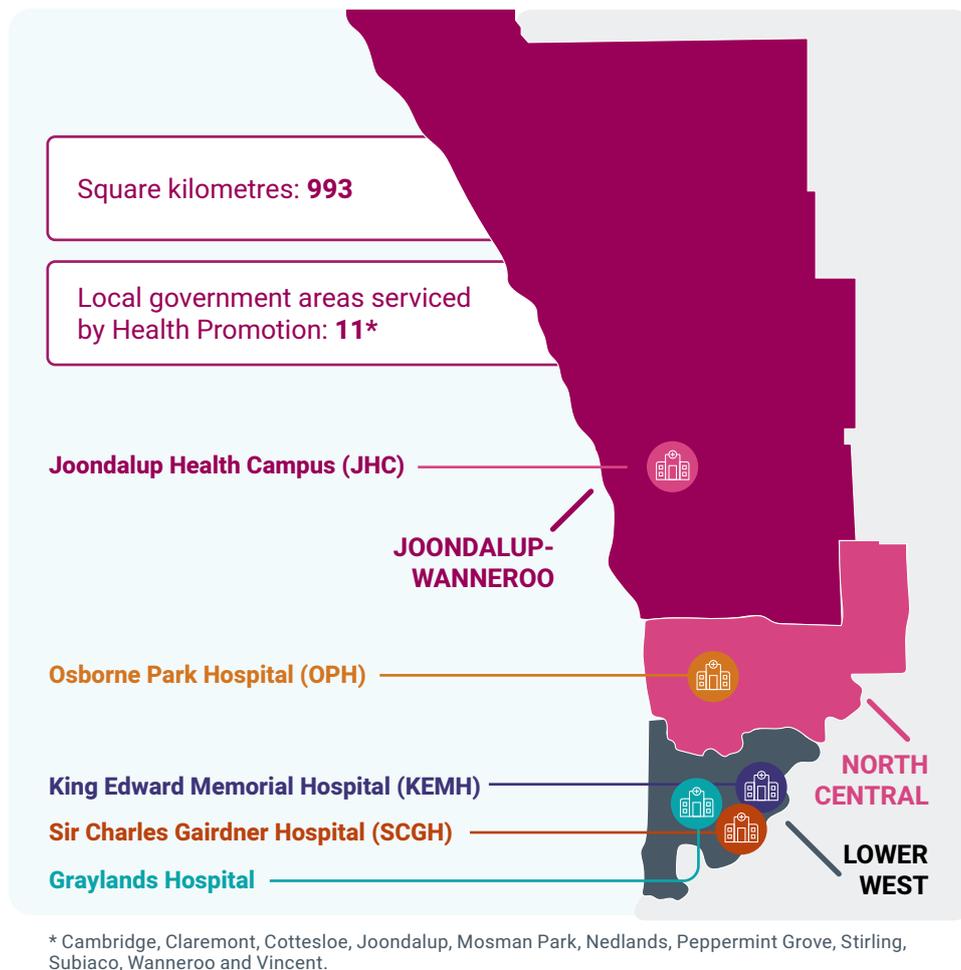
1. To build the capacity of local governments to develop local public health plans
2. To build the capacity of organisations, including local government, to develop, implement and evaluate evidence-based health promotion interventions
3. To strengthen community capacity to identify and address local health promotion priorities
4. To continuously improve health service implementation of health promoting policies for staff, patients and visitors
5. To build and maintain an inclusive, collaborative workforce with specialist skills in health promotion and public health nutrition to foster innovation.

Facilitators

1. Collaborative, multidisciplinary decision making via committees, groups and forums
2. Agreement of aims, objectives and responsibilities
3. Local planning and action with engaged stakeholders
4. Leadership and guidance – internal and external to NMHS
5. Creating and maintaining trust – fostering and maintaining high quality relationships
6. Resource sharing, and sourcing as needed, to achieve agreed objectives.

Context

North Metropolitan Health Service (NMHS) is a **health service provider** in the WA health system. It is a statutory authority governed by a Board that is legally responsible for delivering safe, high-quality, efficient and economical health services to its local community. The Health Promotion Service is positioned within the Public Health Service, works across the NMHS catchment area and reports to the Director Public Health.



Map 1: North Metropolitan Health Service catchment area

A range of frameworks, agreements, policies and strategies inform the Health Promotion Service's work, primarily:

1. **NMHS Strategic Plan 2024-2027:** Sets our ambition to be transformative leaders in health by partnering with the community and encouraging innovation and creativity.
2. **Western Australian Health Promotion Strategic Framework 2022-2026:** Sets the policy priorities for health promotion in the state and guides health promotion interventions delivered by the WA health system and its partners for chronic disease and injury prevention. Evidence-based health promotion interventions can contribute significant gains in health and wellbeing for the population.

3. **Public Health Act 2016 (Part 5, Section 45)**: Requires the development of local government public health plans, that align with the State Public Health Plan, by 4 June 2026. NMHS is a signatory to the WA Health-wide agreement, 'Roles and responsibilities for the provision of public health planning support to local government', which confirms that health service providers are responsible for providing support to local governments developing public health plans. In NMHS, this work is undertaken by the Health Promotion Service.
4. **WA Health Public Health Policy Framework**: Mandates NMHS to implement the following health promoting policies:
 - Smoke Free Policy (MP 0158/21)
 - Healthy Options WA Food and Nutrition Policy (MP 0142/20).

As reducing smoking and improving healthy eating across the population are health promotion priorities, the Health Promotion Service plays a leadership role to embed these policies as standard practice in NMHS sites and services.
5. **Sustainable Health Review Final Report**: Highlights the need for collaboration to address priority public health issues to prevent chronic illness and promote health and wellbeing. For example, increasing support for Aboriginal people, people from culturally and linguistically diverse (CaLD) backgrounds and people living in low socioeconomic conditions. The report emphasises the urgent need to prevent obesity and harmful alcohol use and recognises the important role of the WA health system in promoting healthier environments.
6. **NMHS Aboriginal Health and Wellbeing Strategy 2022-2025**: Prioritises empowering Aboriginal people in our communities to live healthier lives. It also notes the importance of engaging with and listening to Aboriginal communities and collaborating to improve services. The Health Promotion Service has committed to reporting against the NMHS Aboriginal Health and Wellbeing Action Plan.

The Health Promotion Service is responsible for:

- operationalising the WA Health Promotion Strategic Framework in the NMHS catchment area, with a strong focus on priority communities
- implementing the agreement on public health planning support to 11 local governments in the NMHS catchment area
- providing leadership within NMHS on mandatory health promoting policies.



NMHS values

The organisational values are applied every day by the Health Promotion Service:



1. Care (*Kaaradjiny*) – we care about each other, and our community, and show compassion to all.



2. Respect (*Ngargal-wirrn*) – we are inclusive of others and listen without judgement.



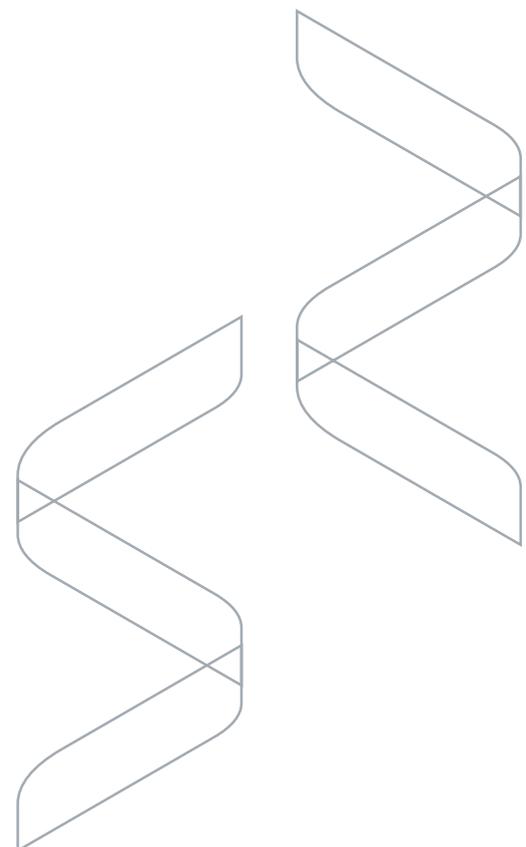
3. Innovation (*Milka kaaditj*) – we challenge the status quo and proactively identify opportunities for improvement.



4. Teamwork (*Danjoo Yacker*) – we harness and maximise people's unique skills and experience to foster greater collaboration.



5. Integrity (*Karnadjil*) – we are honest, reliable and accountable and treat others equitably.



Understanding health promotion

The [World Health Organization \(WHO\)](#) defines health promotion as...

“the process of empowering people to increase control over their health and its determinants through health literacy efforts and multisectoral action to increase healthy behaviours. This process includes activities for the community-at-large or for populations at increased risk of negative health outcomes. Health promotion usually addresses behavioural risk factors such as tobacco use, obesity, diet and physical inactivity, as well as the areas of mental health, injury prevention, and drug and alcohol control.”

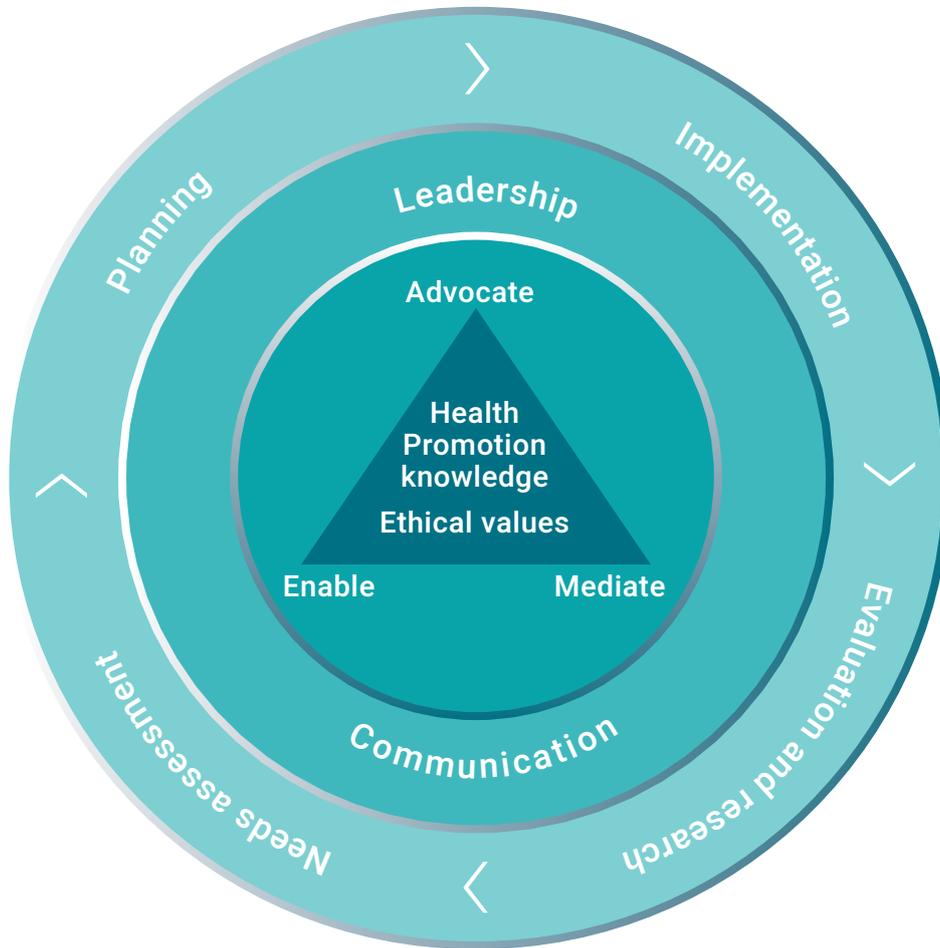
Health promotion practitioners are university qualified health professionals with specialist skills in health promotion. The Health Promotion Service also has public health nutritionists – tertiary qualified human nutrition professionals with specialist skills to identify and address population-wide nutrition priorities. Health promotion and public health nutrition professionals coordinate the planning, implementation and evaluation of interventions to address priority health issues.

The [International Union for Health Promotion and Education \(IUHPE\)](#) core competencies and professional standards for health promotion include:

1. Enable change – Enable individuals, groups, communities and organisations to build capacity for health-promoting action to improve health and reduce health inequities.
2. Advocate for health – Advocate with, and on behalf of, individuals, communities and organisations to improve health and wellbeing and build capacity for health promotion action.
3. Mediate through partnership – Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action.
4. Communication – Communicate health promotion actions effectively using appropriate techniques and technologies for diverse audiences.
5. Leadership – Contribute to the development of a shared vision and strategic direction for health promotion action.
6. Assessment – Conduct assessment of needs and assets, in partnership with stakeholders, in the context of the political, economic, social, cultural, environmental, behavioural and biological determinants that promote or comprise health.
7. Planning – Develop measurable health promotion goals and objectives based on assessment of needs and assets in partnership with stakeholders.
8. Implementation – Implement effective and efficient, culturally sensitive, and ethical health promotion action in partnership with stakeholders.
9. Evaluation and research – Use appropriate evaluation and research methods, in partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action where possible.

These are summarised in Figure 1 below.

Figure 1. IUHPE Core competencies for Health Promotion



NMHS population health status summary



90%

ate less than five serves of vegetables daily



59%

ate less than two serves of fruit daily



36%

were not active enough^(c)



12%

smoked cigarettes



31%

drank alcohol at high risk levels for long-term harm^(a)



12%

drank alcohol at high risk levels for short-term harm^(b)



31%

ate fast food at least weekly



40%

were overweight^(d)



33%

were obese^(e)

For every \$1 invested in preventive health interventions, an estimated \$14 is returned in savings for the health and social sector*

Note: People aged 16 years and over, WA Health and Wellbeing Surveillance Survey, January 2022 to December 2022
Source: Epidemiology Directorate, WA Department of Health, 2024.

(a) Drinks more than 2 standard drinks on any one day.

(b) Drinks more than 4 standard drinks on any one day.

(c) Adults aged 18 years and over only. Refers to moderate minutes with minutes spent in vigorous physical activity doubled.

(d) Body mass index 25<30. Height and weight measurements have been adjusted for errors in self-report.

(e) Body mass index 30+. Height and weight measurements have been adjusted for errors in self-report.

*Howse, Crosland, Rychetnik and Wilson, Members of the Evidence for Action division - the Sax Institute. The value of prevention: A rapid review. 2021. [Available from: <https://preventioncentre.org.au/resources/evidence-reviews/the-value-of-prevention-an-evidence-check-rapid-review/>].



Health promotion priorities

Priority health behaviours

Changing the following health behaviours across the population will significantly reduce chronic disease and injury:

- Smoking and vaping
- Poor diet quality
- Harmful alcohol use
- Physical inactivity.

Understanding the many complex factors that motivate or prevent such behaviours can guide interventions that enable healthy behaviour change. It is important to note that improving these behaviours also benefits mental health and wellbeing and climate change mitigation.

Priority environments

Health promotion interventions can occur in a range of environments where people work, eat, play and live. The priority environments are:

- Local neighbourhoods
- Community settings
- NMHS hospitals and services.

Promoting health in these environments also contributes the additional benefits of improving a sense of community safety and social inclusion.

Health promotion takes a systemic approach to improve policies, programs and practices in these environments and, where possible, embed them as standard practice.

Priority populations

There are groups at greater risk of poor health due to a higher prevalence of risk factors for chronic disease and injury:

- Aboriginal and Torres Strait Islander people
- People living in low socioeconomic conditions
- Culturally and linguistically diverse (CaLD) communities
- People living with disability
- Lesbian, gay, bisexual, transgender, intersex, queer, asexual (LGBTIQ+) community.

Population-wide strategies need to be inclusive and equitable for people in these groups. Tailored approaches will be designed and implemented in partnership with priority populations.

Priority localities

An [analysis](#) of demographic, social and health data and stakeholder consultations identified the following localities as priority communities within the NMHS catchment area:

Locality 1: Mirrabooka, Alexander Heights, Balga, Girrawheen, Koondoola, Marangaroo, Nollamara and Westminster.

Locality 2: Butler, Clarkson, Merriwa and Ridgewood.

Engaging these communities is critical to reducing inequalities and improving health outcomes.

Service delivery principles

The public health principles guiding practice are consistent with those in the WA Health Promotion Strategic Framework:

1. A whole-of-population approach to prevention – primary prevention focuses on keeping the wider population well.
2. Intervening proactively throughout the life course – prevention across a variety of settings and at key life stages.
3. Promoting equity and inclusivity – in mainstream and targeted programs.
4. Collaborative partnerships and strategic coordination – pooling skills and resources to achieve common goals, improve cross-discipline communication and problem-solving.

Domains for action

A comprehensive approach to health promotion means that a combination of strategies is needed to address the causes of chronic disease and injury. System, structural and cultural change can be achieved with a combination of interventions across the following domains:

Local laws – Raise awareness of current and potential local laws that restrict the sale, promotion and use of unhealthy or harmful products such as tobacco, vapes and alcohol.

Healthy policies – Influence the development and implementation of organisational policies (within our own and other organisations) to ensure they promote health and wellbeing. For example, policies that promote smoke-free and vape-free places; ensure the provision and promotion of healthy food and water; and support breastfeeding.

Supportive environments – Advocate for built and natural environments that promote healthy behaviours by making the healthy option the easier choice. For example, safe places to be active; reduced exposure to unhealthy products; equitable access to healthy food.

Public awareness – Inform health service colleagues, local organisations and professional groups of evidence-based mass media campaigns, community-based programs and related health messages.

Community development – Engage with and empower community-based organisations and community members to identify and address local health priorities together.

Targeted interventions – Consult and engage with priority populations to develop interventions tailored to meet their needs.

Building capacity and workforce development – Develop the skills, resources and commitment of partners to increase the adoption, impact, reach and sustainability of health promoting policies, programs and practices. Alongside this, maintain specialist health promotion and public health nutrition skills of staff to foster innovation.

Research and evaluation – Research and evaluate health promotion policies and programs.

Note: economic interventions are also a very effective way of influencing behaviours (eg: tobacco taxes), but this is out of scope for NMHS.



Health Promotion Service overview

Goal

To increase the adoption of health-promoting policies, programs and practices.

Objectives

1. To build the capacity of local governments to develop local public health plans.
2. To build the capacity of organisations, including local government, to develop, implement and evaluate evidence-based* health promotion interventions.
3. To strengthen community capacity to identify and address local health promotion priorities.
4. To continuously improve health service implementation of health promoting policies for staff, patients and visitors.
5. To build and maintain an inclusive, collaborative workforce with specialist skills in health promotion and public health nutrition to foster innovation.

*Evidence-based: proven through reliable, scientific research or when this is not available, informed by credible sources, practice wisdom and best available research

Programs

1. Healthy Population – Offer professional advice and guidance to North Metropolitan local governments and other organisations on comprehensive public health initiatives for a healthy population.
2. Priority Communities – Address health disparities in two geographical communities in partnership with the community and local service providers.
3. Healthy Service – Lead NMHS action on mandatory system manager policies on smoking and healthy food options.
4. Staff Development and Empowerment – Provide staff with opportunities to strengthen their skills and expertise in health promotion/public health nutrition, leadership and management through portfolio leadership, professional development and on-the-job exposure.

Facilitators

1. Collaborative, multidisciplinary decision making via committees, groups and forums
2. Agreement of aims, objectives and responsibilities
3. Local planning and action with engaged stakeholders
4. Leadership and guidance – internal and external to NMHS
5. Creating and maintaining trust – fostering and maintaining high quality relationships
6. Resource sharing, and sourcing as needed, to achieve agreed objectives.

Performance indicators

1. Local government, community and stakeholder engagement** and satisfaction with health promotion advice, support, training and referrals
2. Health promotion interventions planned, implemented and evaluated with local governments, other organisations and priority communities
3. Annual reports to senior management on NMHS execution of Smoke Free Policy and Healthy Options WA Food and Nutrition Policy
4. Completion of staff performance development planning and reviews.

**Engagement as defined by the Western Australian Council of Social Service (WACOSS) Planning for Partnerships Framework

Desired achievements

Greater awareness, knowledge and skills:

- On the benefits of healthy eating and active living, and the harms from smoking, vaping and alcohol use;
- To consume a healthy diet and be physically active in accordance with national guidelines;
- To quit smoking and vaping and reduce alcohol use; and
- To deliver evidence-informed interventions that promote healthy living and safer communities.

Greater commitment to creating local environments that:

- Offer and promote nutritious foods and free tap water;
- Encourage physical activity for commuting, play and recreation;
- Reduce exposure to the marketing and promotion of unhealthy or harmful products such as discretionary foods, vapes, tobacco-related products and alcohol;
- Limit the supply, availability and accessibility of unhealthy or harmful products;
- Are smoke-free, vape-free and alcohol-free, particularly where children and young people are present;
- Promote safety and social inclusion; and
- Are designed to prevent injuries.

Resources and portfolios

The resources NMHS has allocated to the Health Promotion Service is 9.0 full-time equivalent (FTE) positions as follows:

- 1.0 FTE Manager Health Promotion
- 2.0 FTE Health Promotion Coordinator
- 1.0 FTE Public Health Nutritionist
- 1.0 FTE Senior Health Promotion Officer
- 4.0 FTE Health Promotion Officer.

Staff are assigned to specific programs, as detailed below.



Health Promotion Service Programs

1. Healthy Population Program

Program goals

To build the capacity of local governments to develop local public health plans.

To build the capacity of organisations, including local government, to develop, implement and evaluate evidence-based health promotion interventions.

Rationale

Small changes in population behaviour can greatly reduce chronic diseases and injury. Local governments are key in promoting, improving and protecting public health through various policies and activities. NMHS has committed to supporting North Metropolitan local governments in developing their local public health plans and partnering with them, and other stakeholders, to implement health promotion interventions that address identified priorities.

Approach

The program employs a capacity building, partnerships and collective impact approach to enhance health promotion knowledge and skills among local government staff and elected members. Crucially, it establishes connections with not-for-profit health organisations and experts. Staff offer a health promotion consultancy service to support local public health planning and related interventions; provide professional development and networking opportunities; deliver technical advice and support; present to decision-makers; connect with experts; and offer feedback on draft strategic plans, policies, project plans and funding submissions. Additionally, the program adopts a systems-thinking approach, recognising the importance of addressing environmental factors that influence individual behaviours.

Vision of success

- Local public health plans, strategies and policies emphasise evidence-based interventions that promote healthy living
- Health promotion priorities are addressed through collaborative interventions
- Organisational policies and services are crafted to enhance community health
- Healthy food and water are readily available and promoted
- Neighbourhoods are designed to support healthy active living
- Events, activities, workplaces and public spaces free from alcohol, smoking and vaping
- Sports and recreation clubs and venues encourage a variety of healthy behaviours.

Program team

1.0 FTE Health Promotion Coordinator (Program Lead)

2.6 FTE Health Promotion Officer

0.6 FTE Public Health Nutritionist

Priorities

- Foster strong relationships with local government officers, managers, elected members and other stakeholders
- Supply and interpret population health data to guide local government priorities
- Promote health promotion consultancy service to local governments and negotiate service provision.

2. Priority Communities Program

Program goals

To build the capacity of organisations to develop, implement and evaluate evidence-based health promotion interventions.

To strengthen community capacity to identify and address local health promotion priorities.

Rationale

Certain groups experience disproportionately high rates of preventable illness, disability and death, including those living in low socioeconomic conditions, Aboriginal and Torres Strait Islander people, and individuals from CaLD backgrounds. People in low socioeconomic areas in Australia are more likely to smoke, be obese and be insufficiently active compared to those in higher socioeconomic areas, with similar risks from harmful alcohol use. This program aims to address health disparities in two priority localities within the NMHS catchment area: Mirrabooka-Balga and surrounding areas, and Merriwa-Clarkson and surrounding areas.

Approach

Staff employ a community development approach, working closely with local organisations and community members to identify and prioritise community needs. They establish partnerships with local stakeholders to plan, implement and evaluate evidence-based health promotion interventions that encourage healthy behaviours and create safer environments. Additionally, staff assist in sourcing additional resources and external funding to deliver comprehensive community-based programs and services.

Vision of success

- Strong engagement and commitment from local service providers to collaborate on addressing local health priorities
- Delivery and evaluation of local programs and services that target health priorities
- Integration of health and wellbeing into the activities of local service providers
- Approval of funding submissions for comprehensive programs.

Program team

1.0 FTE Health Promotion Coordinator (Program Lead)

1.0 FTE Health Promotion Officer

0.4 FTE Public Health Nutritionist

Priorities

- Sustain strong relationships with local service providers, including those serving Aboriginal and Torres Strait Islander communities and people from CaLD backgrounds
- Facilitate the Social Inclusion Mirrabooka and Surrounds (SIMS) interagency group and related working groups
- Expand collaborative interventions in Merriwa-Clarkson and surrounding areas
- Gather and analyse intelligence to inform the development of local interventions
- Develop comprehensive, multi-strategic interventions and collaborate with relevant organisations to source external funding.



3. Healthy Service Program

Program goal

To continuously enhance the implementation of health-promoting policies for staff, patients and visitors.

Rationale

NMHS, as a major employer, prioritises the health and wellbeing of its staff. Additionally, it serves thousands of patients annually, many of whom smoke or vape. This program supports NMHS sites and services in implementing mandatory WA Health System health promoting policies, specifically the [Smoke Free Policy](#) (MP 0158/21) and the [Healthy Options WA Food and Nutrition Policy](#) (MP 0142/20). These policies aim to encourage staff and patients to quit smoking/vaping and manage nicotine dependence, and to ensure the availability and promotion of healthy food options for staff and visitors.

Approach

Staff offer leadership and subject matter expertise to NMHS sites and services. This includes project management support for site-specific, multi-disciplinary Smoke Free Working Groups across NMHS, and collaborating with food outlet managers, senior managers and clinicians.

Vision of success

- NMHS staff are protected from secondhand smoke and vape aerosols
- Hospital retail outlets predominantly offer healthy food and drink options
- NMHS clinicians are well-informed and routinely support nicotine dependent patients to quit smoking/vaping
- NMHS Smoke Free Policy, site procedures, clinical guidelines, staff training and Smoke Free SharePoint hub are all evidence-based
- Proactive, multidisciplinary Smoke Free Working Groups operate across all NMHS sites and services
- Senior management oversight enhances the provision and promotion of healthy food and drink options for staff and visitors
- NMHS vending and retail outlets increasingly comply with the Healthy Options WA Food and Nutrition Policy.

Program team

1.0 FTE Senior Health Promotion Officer (Program Lead)

0.4 FTE Health Promotion Officer

Priorities

- Revise, implement and evaluate the NMHS Smoke Free Policy and the NMHS Healthy Options WA Food and Nutrition Policy Retail Procedure.
- Communicate and educate staff on these policies and procedures.
- Provide project management support to chairperson of each site's Smoke Free Working Group.
- Develop systems to standardise clinical support to nicotine dependent patients.
- Coordinate annual reporting on policy compliance.

4. Staff Development and Empowerment

Program goal

To cultivate and sustain an inclusive, collaborative workforce equipped with specialist skills in health promotion and public health nutrition, fostering innovation.

Rationale

The NMHS [Our People Strategy 2019-2024](#) emphasises the importance of fostering a culture that encourages innovation, development and accountability. When staff are enabled with the necessary tools and resources, empowered to make decisions and engaged in their work, they tend to achieve high levels of productivity, innovation and job satisfaction. Health promotion involves tackling diverse and often complex issues, necessitating a collaborative approach. As practices continually evolve, it is essential for staff to engage in continuous learning and remain open to exploring new methods and approaches.

Approach

Staff are encouraged to build on their strengths, pursue professional development and take leadership roles in specific portfolio areas and projects. They are also motivated to combine their expertise and resources to help develop effective solutions.

Our portfolio areas

Staff are delegated to lead a portfolio area, listed below, based on their strengths and interests. They develop relevant professional networks, undertake regular professional development and share their learnings and practice wisdom with team members to ensure high quality service delivery.



Smoking



Nutrition



Alcohol



Physical activity



Injury



Aboriginal and Torres Strait Islander community



Culturally and linguistically diverse (CaLD) community



Data support



Community engagement



Research and evaluation



Vision of success

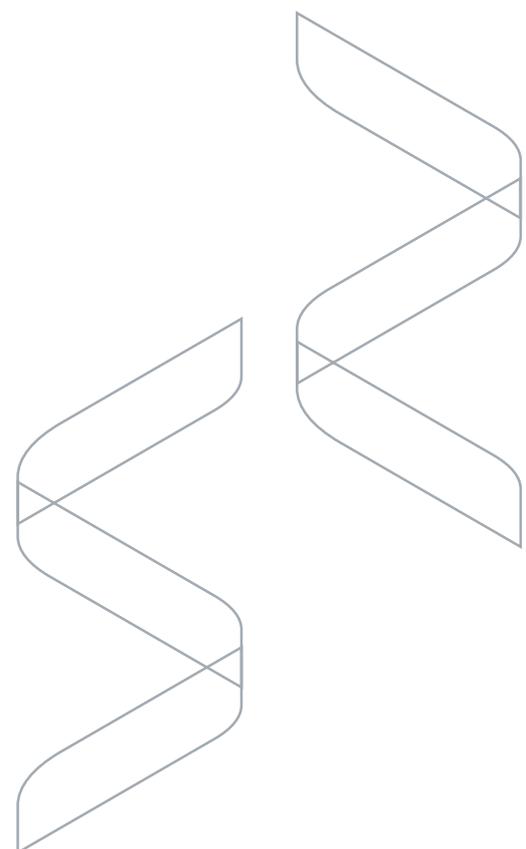
- NMHS values are reflected in staff behaviour, with any deviations respectfully addressed
- Staff recognise and value each other's expertise, actively seeking and offering knowledge and practice wisdom to enhance their work
- Professional development plans are collaboratively created and tailored for individual, program and service needs
- Clear governance, reporting and project management systems are in place
- Staff attend relevant conferences, symposiums and workshops, sharing key learnings with peers
- Participation in recruitment panels and onboarding processes is encouraged
- Opportunities are provided for staff to lead projects and act in senior roles
- Achievements, both professional and personal, are recognised and celebrated.

Program team

Health Promotion Leadership Team (Manager and Coordinators) and other staff as required.

Priorities

- Revise and update project management systems
- Assess medium-term workforce development needs to inform professional development plans
- Review portfolio areas and confirm responsibilities and opportunities
- Staff continue to attend professional development opportunities to build their networks and knowledge and share their achievements.



Monitoring progress

The Health Promotion Service:

- Reports monthly to the Director Public Health and Public Health Management Committee
- Meets monthly to share program and portfolio updates, celebrate achievements and acknowledge staff contributions
- Circulates a monthly email between staff meetings, with updates, achievements and training opportunities
- Reports quarterly on operational milestones and Aboriginal health and wellbeing commitments
- Evaluates projects according to approved plans
- Publishes an annual yearbook summarising key achievements
- Conducts an annual planning day to celebrate achievements and plan for the year ahead.

Risks

There are NMHS-wide risks that relate to the activities of the Health Promotion Service. According to the [Risk Appetite Statement](#), the NMHS Board has a moderate appetite for risk related to:

- Failure to engage with our communities to improve health outcomes; and
- Failure to build strong connections and partnership;

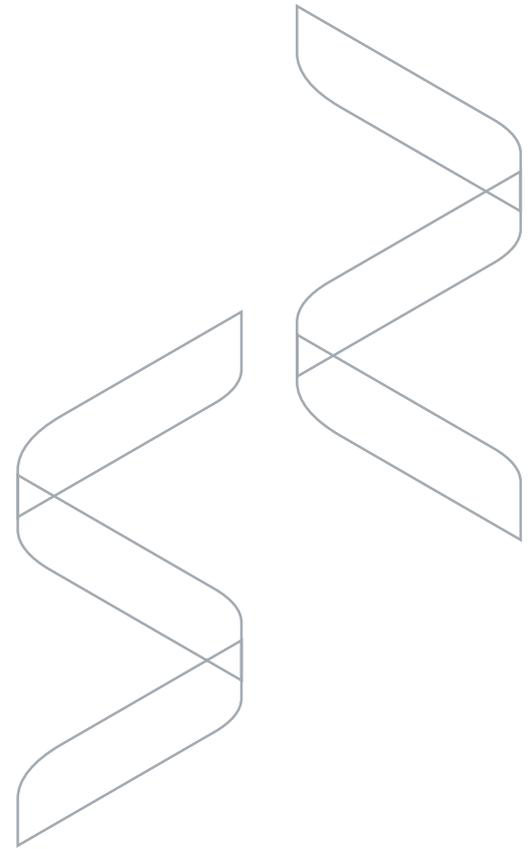
and a low appetite for risk related to:

- Being unable to provide a safe work environment for workers.

Service-level risks are low-medium as follows:

- Failure to engage with stakeholders, key informants and potential partners.
Mitigation strategies: Frequent reviews of engagement methods, interagency group terms of reference, letters of agreement/memorandum of understanding.
- Failure to meet demand for health promotion support and advice.
Mitigation strategies: Prioritise supported organisations/issues/localities based on need; regular communication with supported organisations.
- Provision of inaccurate data, support, promotion or advice that is not evidence-based or best practice.
Mitigation strategies: Periodic reviews of internal processes; continued professional development of staff, including portfolio leads.
- Unable to provide safe work environment for staff.
Mitigation strategies: Periodic reviews of internal practices, including communications re attendance at community-based meetings and events.

In addition, the Health Promotion Service reports project-specific risks to the Director Public Health.



Health Promotion Service Plan

2025-2027

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This document can be made available in alternative formats on request for a person with a disability.

